TRANSFORMING PUBLIC HEALTH IN CHALLENGING TIMES

We live in times that have conditioned us to think seriously about what it takes to be healthy and safe.

Our communities are becoming more crowded, more closely linked through travel, trade, and technology. As globalization increases, we face the threats posed by both new and re-emerging diseases that have greater opportunity than ever before to make their way around the world. As growing populations demand more resources, the quality of our air, water, and food is increasingly threatened. And since September 11, 2001, we have recognized and prepared for new threats to our safety, such as those posed by bioterrorism.

It seems the world moves faster and everything is more complicated—even a trip to the grocery store is not as simple as it appears to be (see box, page 8).

For each of these new challenges, the public health system plays a vital role in protecting people from harm while taking steps to reduce the health impacts felt in our changing world. The public health *system* is a network of agencies that are "always working for a safer and healthier Washington." This work engages government agencies—at the state and in 35 local public health departments and districts—and a public health workforce of several thousand people, who work with thousands more researchers, scientists, health care providers, and other community partners.

In this sixth biennial report of Washington's Public Health Improvement Partnership (PHIP), we focus on the activities that are underway to keep our state's public health system performing to the best of its ability. In many respects, the activities associated with the PHIP since its inception in 1994, as an ongoing requirement of the Washington Legislature (RCW 43.70.520), have shaped the public health system today. The PHIP has moved us from a loosely associated group of government agencies focused on specific programs and clinical services to a closely integrated and coordinated system. Each local agency continues to serve the needs of its own community, but through the PHIP, Washington's public health leaders also work in concert to set a vision for the future, to focus on public health priorities, and to direct dwindling resources to where they are most critically needed to improve and protect health.

Remarkably, this transformation has occurred during the course of a long slide in funding for public health, one that continues to undermine planning and weaken the infrastructure. During this time, the state and national economy have slumped into recession. The dedicated funding sources that once sustained public health work have nearly disappeared. Since September 11, 2001, new resources have come into the state to combat bioterrorism, but they cannot support the improvements—in surveillance, technology, and workforce expansion—that today's more complex public health environment demands.

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The need for vigilance

The year 2003 closed with the nation's attention riveted on Washington State: A case of "mad cow" disease had been linked to a farm in our state—a case that had potentially profound implications for public health and instant impact on agriculture. Within minutes, the positive test result set off a national response that linked Washington's health and agricultural communities with the nation's top scientists and policy makers. In the days and weeks that followed, new protocols were adopted for monitoring cows, and the entire industry geared up for increased testing and tracking of animals.

Maintaining vigilance is the key to protecting the public's health. BSE—or mad cow—disease is an emerging threat, but as the box on page 9 points out, we cannot afford to turn our backs on old threats. They will re-emerge if left unattended. Public health measures such as immunizations and tracking and treating communicable disease are just as vital today as they were at the turn of the century in 1900.

Keeping Our Food Supply Safe to Eat

In the 1950s, your typical neighborhood grocery store carried about 300 different food items, many of them produced locally. Today, a supermarket routinely carries about 30,000 various food items from around the world, reflecting both the scale of corporate farming and the reach of the global economy. Interestingly enough, with this wide variety of foods available for home preparation, people eat out more, sustaining a restaurant industry that does more than $300 billion worth of business a year. And hot foods, ready to serve, are commonplace at neighborhood grocery stores.

This evolution of the food supply, food service industry, and customer behavior has put extraordinary pressures on public health food safety programs, which must adapt to new causes of food-borne disease outbreaks and the illnesses they cause. In Washington State, 1.5 million food-borne illnesses occur each year, including 6,500 hospitalizations and nearly 100 deaths. This year, the state Department of Health Division of Environmental Health worked with the State Board of Health to revise the state's food service rules. The new rules incorporate the latest scientific information about safe food handling from the federal Food and Drug Administration's Model Food Code (see http://www.doh.wa.gov/ehp/sf/food.htm).

In the past decade, the primary cause of food-borne illness was holding food at an improper temperature—most often food allowed to cool in too large a container or not cooked thoroughly. This was the cause of the well-known case in our state in 1993 linked to fast-food hamburgers that contained the bacterium E.coli 0157:H7. In response, rules and training focused on temperature control. Today, the most common cause of food-borne illness is inadequate hand-washing by food service personnel. The new rules will prohibit bare-hand contact with foods that are ready-to-eat, continue to stress the importance of hand washing, and more clearly define when an ill worker must be restricted from the kitchen.

TB: Fighting an Old Public Health Battle

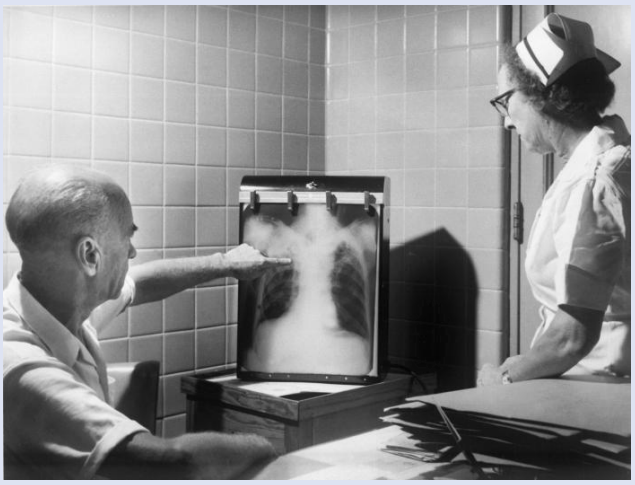
Two global trends—the ease of travel and an increase in congregate living—are driving up the numbers of people affected by old scourges that were once thought to have been conquered by public health and medical interventions.

One such scourge is tuberculosis, with which a third of the world's population is now infected. TB was once the leading cause of death in the United States, but its incidence dropped steeply for four decades with improvement in living conditions and development of drug therapy in the 1940s. With the rise in immigration, homelessness, and immune-suppressing conditions such as HIV, TB has re-emerged since the late 1980s with a vengeance among homeless and immigrant populations and also among other risk groups such as the very young and the elderly.

Washington, which experiences more than 250 new TB cases in a year, is one of about a dozen states with TB rates above the national average. King County, which has experienced several outbreaks since 2000—some among homeless, foreign-born men—reported its highest number of cases (156) in 30 years (2003). Another significant outbreak occurred in Yakima County in 2003, this time concentrated among the native-born.

People can feel well enough even with active TB infection to work and attend school, but they begin to feel ill when they take the powerful drugs to treat it. For this reason, many patients discontinue the months-long treatment, a situation that forces public health agencies to implement costly and time-consuming directly observed therapy.

A root cause of the new wave of TB outbreaks is poverty and the rising number of uninsured in Washington and throughout the country. Lack of access to health services can delay diagnosis. And many of the poor who are at greatest risk of contracting TB have no convenient or reliable place to go for treatment.



Accessing care does not guarantee detection of TB infection, however. Patients were routinely treated in sanitariums, the last of which closed in Washington during the late 1960s. Since then, generations of health care providers rarely encountered a case. The public health system is working with providers to recognize the new face of the disease.

See http://www.doh.wa.gov/cfh/tb.

Public health agencies are stretched to their limits trying to keep older problems at bay and, at the same time, prepare for emerging threats. Over the past year, local and state public health workers have devoted time and special expertise to develop detailed plans to respond to SARS, West Nile Virus, bioterrorism, and avian flu. They did not happen in our state—but any of them *could* happen, at just about any time, and the public health community must be ready to respond quickly to reduce the amount of disease and the number of deaths that would result.

PHIP: vision to action

The PHIP is a consortium of the state Department of Health, the State Board of Health, the

Promoting Tested Weapons Against Chronic Disease

Public health programs may not have eliminated the threat of infectious diseases, but they have removed them as leading causes of death. Today, more Americans die from chronic diseases such as heart disease, cancer, and stroke—and public health systems are eager to identify the most effective population-based approaches to reducing the rates of premature deaths associated with them.

Washington is the only state to receive two "Steps to a Healthier US" grants, as part of a federal initiative to identify strategies to prevent chronic disease—in some cases, right at the neighborhood level. The grants, which the U.S. Centers for Disease Control and Prevention awarded separately to the state Department of Health and Public Health—Seattle & King County, implement integrated, scientifically based strategies to drive down rates of obesity, diabetes, and asthma as well as their complications. This work has engaged hundreds of community partners, including schools, work sites, and health care providers.

The state grant will focus more than $16 million in federal funds over five years in four communities: the contiguous area of Chelan, Douglas, and Okanogan counties; the Confederated Colville Tribes; Thurston County; and Clark County. Working with schools, work sites, health care settings, and the communities-at-large, the Steps program seeks to identify and implement sustainable interventions that improve access to healthy foods and opportunities for physical activity and reduce exposure to tobacco smoke and other asthma triggers. Entire communities—from children eating school lunches to local political leadership—are brought into these efforts. "We hope to see some real behavioral change," explains state Steps Manager Lauren Jenks, "not just among community members but among policy makers, too."

The local grant supports interventions in South Seattle and South King County, including programs to encourage students to become more physically active by biking to school and training community health workers to help families remove asthma triggers from the home.

Washington State Association of Local Public Health Officials (WSALPHO), the University of Washington School of Public Health and Community Medicine, and the Washington Health Foundation. Each partner is essential to strengthening the performance of Washington's public health system and positioning it to address emerging issues effectively.

The future vision that guides this work (see inside cover) is complemented by a specific workplan that addresses seven broad goals. Each goal is supported by an active committee of professionals drawn from many fields. The members represent a wide spectrum of public health agencies: large and small, east and west, practice and academic communities. Bringing talented people to the table on a statewide basis, the PHIP has become a conduit for innovation, for exchanging ideas, and for making commitments for action. The partnership has become an expected way of doing business in public health. It is collaborative, inclusive, and creative.

The work of each committee is carried out over two years and is summarized in this report, the *Public Health Improvement Plan*. The purpose of each committee is stated briefly below. Their recent accomplishments, and their complementary goals and written objectives for 2005-07, are shown on pages 12 and 13-14.

PHIP Committees:

- Use science-based strategies to signal important public health issues and trends *(Key Health Indicators Committee).*
- Make both state and local public health agencies accountable for meeting established performance measures (*Standards Committee*).
- Identify and describe stable, sufficient, and equitable funding needed to carry out public health services (*Finance Committee).*
- Link information systems and provide efficient tools for sharing information (*Information Technology Committee*).
- Maintain a well-trained workforce that has timely access to professional development (*Workforce Development Committee*).
- Explore community actions that promote health care access (*Access to Critical Health Services Committee*).
- Foster greater public understanding and involvement in achieving public health goals (*Communications Committee*).

Washington's public health officials believe that we can create a healthier future, where communities as a whole, and the families and individuals within them, are as healthy as they can be. This means more than an absence of illness—it means a robust level of well-being and a good quality of life for all.

The work of the PHIP helps us all pull together on efforts that will improve public health practice in every community. Using a Report Card, applying performance measures, and sponsoring workforce development are all ways to strengthen the network of agencies dedicated to better health.

In addition, active work is underway to translate public health ideals into everyday living. Programs such as "Steps to a Healthier US" (see box, page 10) can lead us to a healthier future. We have great opportunities ahead in the area of combating chronic disease, but we will make those gains only through concerted effort and a strong public health system.

Washington's public health system is poised to accomplish its goals. The ability to do so, however, will depend on resources needed to keep the public health system stable and well-prepared in every community.

Influencing the Nation

The Institute of Medicine has published two sentinel reports on the status of public health in the United States, in 1988 and in 2002. In both volumes, national leaders point out the serious risks of allowing our public health system to erode. The work plan of the Public Health Improvement Partnership responds to many of the recommendations and warnings of these reports, demonstrating for others what actions can reduce those risks.

Washington's Public Health Improvement Partnership is highly regarded by public health professionals throughout the country, and many of the specific projects outlined have been adapted for use elsewhere. Examples include our Report Card, standards, workforce study, and communications work. (For more information see http://www.iom.edu/Object.File/Master/4/165/0.pdf.)

CHARTING OUR PROGRESS

The Public Health Improvement Partnership carries out its work according to a specific work plan. Checked items have been completed or are nearly complete by December 2004. Remaining items will be worked on during January through June 2005.

Committee/Objective or Project

Key Health Indicators Committee

- ✓ Maintain Report Card with data and grading.
- ✓ Develop Key Health Indicators Action Guide for the web.
- ☐ Improve data systems and use of systems for the Report Card.

Standards Committee

- ✓ Implement measurement schedule; prepare for measurement.
- ✓ Test Administrative Capacities.
- ☐ Set system-wide priorities for future work and training.

Finance Committee

- ✓ Study the cost of achieving the standards.
- ✓ Develop funding allocation principles and communications.
- ☐ Publish a white paper on public health funding.

Information Technology Committee

- ✓ Maintain and share results of an IT survey.
- ✓ Continue VISTA development and use.
- ✓ Coordinate and prioritize IT work statewide.
- ☐ Develop IT minimum standards for security, planning, and data.

Workforce Development Committee

- ✓ Enumerate the public health workforce.
- ✓ Acquire a Learning Management System.
- ✓ Develop a regional learning network.
- ✓ Maintain leadership development.
- ☐ Develop training based on standards findings.

Access to Critical Health Services Committee

- ✓ Establish a committee on access from a public health viewpoint.
- ✓ Gather information on local efforts to expand access.
- ☐ Promote exemplary practices on access and seek support.

Communications Committee

- ✓ Prepare materials and trainings for the public health Identity Campaign.
- ☐ Conduct a statewide education campaign.
- ☐ Conduct a mid-course evaluation of campaign materials.